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CONFIRMATION NO. 6913

<b>SERIAL NUMBER</b> 10/654,761	<b>FILING OR 371(c) DATE</b> 09/04/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 17509-0065
<b>APPLICANTS</b> Dennis Ausiello, Wellesley Hill, MA; John T. Santini JR., North Chelmsford, MA; Stephen J. Herman, Andover, MA; James H. Prescott, Cambridge, MA; Scott A. Uhland, Roslindale, MA; John M. Maloney, Cambridge, MA; Benjamin F. Polito, Lebanon, NH;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/408,165 09/04/2002 <i>CPH</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/25/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Chad Matthews</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 35
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 29052				
<b>TITLE</b> Method and device for the controlled delivery of parathyroid hormone				
<b>FILING FEE RECEIVED</b> 1040	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	